



**SAMHSA-HRSA**  
CENTER for INTEGRATED  
HEALTH SOLUTIONS

**Pain Management  
in the Integrated  
Behavioral Health Setting**

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Crider Health Center – Compass Health

**SAMHSA**  
Substance Abuse and Mental Health Services Administration

**HRSA**  
Health Resources & Services Administration

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## Background

- In 2014, almost 2 million Americans abused or were dependent on prescription opioids.
- As many as 1 in 4 people who receive prescription opioids long term for non-cancer pain in primary care settings struggles with addiction.
- Every day, over 1,000 people are treated in emergency departments for misusing prescription opioids.

<http://www.cdc.gov/drugoverdose/data/overdose.html>

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## Background Cont.

- Health care providers, including those in primary care settings, report concern about opioid-related risks of addiction and overdose, as well as insufficient training in pain management.
- Primary care providers account for about half of opioid pain relievers dispensed.

<http://www.cdc.gov/drugoverdose/data/prescribing.html>

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## Implications

- Given the client population in PBHCI and other integrated care settings, the need for clear guidelines and protocols for addressing pain is significant.
- Integrated care programs provide a great opportunity to effectively manage pain and any possible addiction issues in a coordinated way.

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## Who We Are – Crider Health Center

- CMHC since 1979
- FQHC since 2007
- Merged in 2014
- Now a part of the Compass Health Network covering 46 counties in Missouri; 2,100 staff members; \$150M in expected revenue
- Traditional office-based and community-based behavioral health services
- Primary Care and Dental Services

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## Integrating Primary Care into Behavioral Health

- 2007 – not much info at that time regarding integration in this direction
- Steep learning curve for Behavioral Health professionals starting up Primary Care services
- First few Primary Care providers didn't really understand our Behavioral Health population
- Large majority of patients with SMI presenting with chronic pain – already taking opioids



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## Integrating Primary Care into Behavioral Health

- Brought in two new Primary Care Providers
- Came to Sr. Leadership stating that we needed a change
- Wanted to ensure that our reputation in the community for excellence in Behavioral Health service provision carried over to our Primary Care Services
- The state of our Primary Care services at that time was not putting us on this path



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## Integrating Primary Care into Behavioral Health

### WHAT WE DID

- Hired a Pain Management Physician/Consultant
- Culture shift that included staff training, guidelines, and procedures
- Approach was compassionate but firm with a strong philosophy in behavioral health integration
- Numerous BH screenings, heavy use of BHCs and Counselors
- Integration with Psychiatry and Primary Care Providers

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## Integrating Primary Care into Behavioral Health

- Strict guidelines and procedures – many contraindications
- Got providers on board
- Training for all staff
- How the culture shifted
- What it looks like now

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## Integrating Primary Care into Behavioral Health

### THREE KEY TRAININGS for Behavioral Health Staff

- Impact of physical health on behavioral health and vice-versa. Why Behavioral Health Clinicians need to know about chronic diseases, including chronic pain
- Pain Management 101 for Behavioral Health Clinicians. The need to know the difference between acute pain and chronic pain and the appropriate treatment of each
- Teamwork in Integrated Care. How Behavioral Health Clinicians can be the best partner at the Primary Care appointment

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## Important Resource

### **CDC Guidelines for Prescribing Opioids for Pain**

CDC developed and published the [CDC Guideline for Prescribing Opioids for Chronic Pain](http://www.cdc.gov/drugoverdose/prescribing/guideline.html) to provide recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings. Recommendations focus on the use of opioids in treating chronic pain (pain lasting longer than 3 months or past the time of normal tissue healing) outside of active cancer treatment, palliative care, and end-of-life care

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## Resources

### **CDC Guideline for Prescribing Opioids for Chronic Pain**

<http://www.cdc.gov/drugoverdose/prescribing/guideline.html>

### **American Chronic Pain Association**

<https://theacpa.org/>

### **Providers' Clinical Support System For Medication Assisted Treatment**

<http://pcssmat.org/>

### **ASAM National Practice Guidelines**

<http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=16>

### **National Institute on Drug Abuse**

<http://www.drugabuse.gov/>

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